

Infection Prevention and Control Assurance Framework for Adult Social Care

All providers of regulated activity are required to register with the Care Quality Commission and provide evidence of compliance with the **Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance (2010)***.

Self Assessment Tool

The framework can be used by providers as a tool to help assess their service against the compliance criterion of the Code of Practice.

	Providers undertake a self assessment against the assurance element using a Red, Amber and Green rating
R	Red – Criteria element not met
A	Amber – meeting criteria element, but unable to evidence
G	Green – criteria element met, evidence available
<p>A brief overview of evidence should be documented/attached. A summary of actions for Red and Amber should be documented.</p>	

Please Note: This assurance framework has been produced to assist Care Home Managers self assess against the Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance (2010). The elements included are from the Health and Social Care Act 2008: Code of Practice* and it does not replace the need to have read and understood the act and associated guidance.

* Department of Health (2010) The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. <http://www.dh.gov.uk/publications>.

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.					
1.1 Refer to outcome 6, Reg 24, CQC guidance	<p>Appropriate management and monitoring arrangements should ensure that:</p> <ul style="list-style-type: none"> • a registered provider has an agreement within the organisation that outlines its collective responsibility for keeping to a minimum the risks of infection and the general means by which it will prevent and control such risks; • an individual is designated as the lead for infection prevention and control and be accountable directly to the registered provider • the mechanisms are in place by which the registered provider intends to ensure that sufficient resources are available to secure the effective prevention and control of infection. These should include the implementation of an infection prevention and control programme, infection prevention and control infrastructure and the ability to detect and report infections; • relevant staff, contractors and other persons, whose normal duties are directly or indirectly concerned with providing care, receive suitable and sufficient information on, and training and supervision in, the measures required to prevent and control the risks of infection; • a programme of audit is in place to ensure that key policies and practices are being implemented appropriately; • a policy on information sharing when referring, admitting, transferring, discharging and moving service users within and between health and adult social care facilities is available; and • a decontamination lead is designated, where appropriate 					

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
1.2	<p>Risk Assessment</p> <ul style="list-style-type: none"> • made a suitable and sufficient assessment of the risks to the person receiving care with respect to prevention and control of infection; • identified the steps that need to be taken to reduce or control those risks; • recorded its findings in relation to the first two points; • implemented the steps identified; and • put appropriate methods in place to monitor the risks of infection to determine whether further steps are needed to reduce or control infection. 					
1.3	N/A					
1.4	<p>The role of the Infection Prevention and Control (IPC) Lead in adult social care will depend on the organisational structures and on the level and complexity of the care provided. Their role is to:</p> <ul style="list-style-type: none"> • be responsible for the organisation's infection prevention and control management and structure; • oversee local prevention and control of infection policies and their implementation; • report directly to the registered provider; • have the authority to challenge inappropriate practice; • assess the impact of all existing and new policies on infections and make recommendations for change; • be an integral member of the organisation's governance and service user safety teams and structures where they exist; and • produce an annual statement with regard to compliance with 					

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	good practice on infection prevention and control and make it available on request.					
1.5	<p>Assurance Framework</p> <p>Activities to demonstrate that infection prevention and control are an integral part of quality assurance and should include:</p> <ul style="list-style-type: none"> • evidence of appropriate action taken to deal with occurrences of infection; • an audit programme to ensure that appropriate policies have been developed and implemented; and • evidence that the annual statement from the IPC Lead has been reviewed and, where indicated, acted upon. 					
1.6	In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence must be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative. This applies to all healthcare and adult social care.					
1.7	<p>The infection prevention and control programme should:</p> <ul style="list-style-type: none"> • set objectives that meet the needs of the organisation and ensure the safety of service users; • identify priorities for action; • provide evidence that relevant policies have been implemented to reduce infections; and • if appropriate, report progress against the objectives of the programme in the IPC Lead's annual statement. 					
1.8	An infection prevention and control infrastructure should encompass:					

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	<ul style="list-style-type: none"> • a record of the names and contact details of health practitioners who can provide advice. General Practitioners and the local primary care trust ICT are likely to be key contacts in the infrastructure; and • guidance for staff about the type of circumstances in which contact should be made • a designated person who is responsible for infection prevention and control matters and has access to specialist expertise as necessary; and • The registered provider should know how to access a consultant in communicable disease control via the HPA 					
1.9	There should be evidence of joint working between staff involved in the provision of advice relating to the prevention and control of infection.					
1.10 Refer to outcome 6, Reg 24, CQC guidance	A registered provider must ensure that it provides suitable and sufficient information on a service user's infection status whenever it arranges for that person to be moved from the care of one organisation to another, or from a service user's home, so that any risks to the service user and others from infection may be minimised. If appropriate, providers of a service user's transport should be informed of any infection.					
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.					
2.1 Refer to outcome 10, Reg	<p>With a view to minimising the risk of infection, a registered provider should normally ensure that:</p> <ul style="list-style-type: none"> • it designates leads for environmental cleaning and decontamination of equipment used for diagnosis and treatment (a single individual may be designated for both areas); • In other settings, the designated lead for cleaning will need to 					

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15, CQC guidance	<p>access appropriate advice on all aspects of cleaning services;</p> <ul style="list-style-type: none"> • the nurse or other person in charge of any patient or resident area has direct responsibility for ensuring that cleanliness standards are maintained throughout that shift; • all parts of the premises from which it provides care are suitable for the purpose, kept clean and maintained in good physical repair and condition; • the cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequency is available on request; • there is adequate provision of suitable hand washing facilities and antimicrobial hand rubs where appropriate; • there are effective arrangements for the appropriate cleaning of equipment that is used at the point of care, for example hoists, beds and commodes – these should be incorporated within appropriate cleaning, disinfection and decontamination policies; and • the supply and provision of linen and laundry are appropriate for the level and type of care. 					
2.2	<p>‘The environment’ means the totality of a service user’s surroundings when in care premises or transported in a vehicle. This includes the fabric of the building, related fixtures and fittings, and services such as air and water supplies. Where care is delivered in the service user’s home, the suitability of the environment for that level of care should be considered.</p>					
2.3 Refer to outcome 10, Reg 15, CQC	<p>Premises and facilities should be provided in accordance with best practice guidance. The development of local policies should take account of infection prevention and control advice given by relevant expert or advisory bodies or by the ICT, and this should include</p>					

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guidance	<p>provision for liaison between the members of any ICT and the persons with overall responsibility for the management of the service user's environment. Policies should address but not be restricted to:</p> <ul style="list-style-type: none"> • cleaning services; • building and refurbishment, including air-handling systems; • waste management; • laundry arrangements for used and infected linen; • planned preventative maintenance; • pest control; • management of drinkable and non-drinkable water supplies; • minimising the risk of Legionella by adhering to national guidance; and • food services, including food hygiene and food brought into the care setting by service users, staff and visitors. 					
2.4	<p>The arrangements for cleaning should include:</p> <ul style="list-style-type: none"> • clear definition of specific roles and responsibilities for cleaning; • clear, agreed and available cleaning routines; • sufficient resources dedicated to keeping the environment clean and fit for purpose; • consultation with ICTs or equivalent local expertise on cleaning protocols when internal or external contracts are being 					

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
	<p>prepared; and</p> <ul style="list-style-type: none"> • details of how staff can request additional cleaning, both urgently and routinely. 					
2.5	<p>The decontamination lead should have responsibility for ensuring that policies exist and that they take account of best practice and national guidance. They may wish to consider guidance under the following headings:</p> <ul style="list-style-type: none"> • Decontamination of the environment – including cleaning and disinfection of the fabric, fixtures and fittings of a building (walls, floors, ceilings and bathroom facilities) or vehicle. • Decontamination of equipment – including cleaning and disinfection of items that come into contact with the patient or service user, but are not invasive devices (eg beds, commodes, mattresses, hoists and slings, examination couches). • Decontamination of reusable medical devices – including cleaning, disinfection and sterilisation of invasive medical devices. • Reusable medical devices should be reprocessed at one of the following three levels: <ul style="list-style-type: none"> - sterile (at point of use); - sterilised (i.e. having been through the sterilisation process); 					

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	- clean (i.e. free of visible contamination).					
2.6 Refer to outcome 11, Reg 16, CQC guidance	<p>The decontamination policy should demonstrate that:</p> <ul style="list-style-type: none"> • it complies with guidance establishing essential quality requirements and a plan is in place for progression to best practice; • decontamination of reusable medical devices takes place in appropriate facilities designed to minimise the risks that are present; • appropriate procedures are followed for the acquisition, maintenance and validation of decontamination equipment; • staff are trained in cleaning and decontamination processes and hold appropriate competences for their role; and • a record-keeping regime is in place to ensure that decontamination processes are fit for purpose and use the required quality systems. 					
3	Provide suitable accurate information on infections to service users and their visitors.					
3.1	<p>Areas relevant to the provision of such information include:</p> <ul style="list-style-type: none"> • general principles on the prevention and control of infection and key aspects of the registered provider's policy on infection prevention and control, which takes into account the communication needs of the service user; • the roles and responsibilities of particular individuals such as carers, relatives and advocates in the prevention and control of infection, to support them when visiting service users; • supporting service users' awareness and involvement in the safe provision of care; 					

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	<ul style="list-style-type: none"> • the importance of compliance by visitors with hand hygiene; • the importance of compliance with the registered provider's policy on visiting; • reporting failures of hygiene and cleanliness; • explanations of incident/outbreak management. 					
3.2 Refer to outcome 1, Reg 17, CQC guidance	Information should be developed with local service user representative organisations, which could include Local Involvement Networks (LINKs) and Patient Advice and Liaison Services (PALS).					
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.					
4.1	<p>A registered provider should ensure that:</p> <ul style="list-style-type: none"> • accurate information is communicated in an appropriate manner; • this information facilitates the provision of optimum care, minimising the risk of inappropriate management and further transmission of infection; and • where possible, information accompanies the service user. 					
4.2 Refer to outcome 6, Reg 24, CQC guidance	Provision of relevant information across organisational boundaries is covered by the regulation requirement 'Co-operating with other providers'. Due attention should be paid to service user confidentiality as outlined in national guidance and training material.					
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.					
5.1	Registered providers, excluding personal care providers, should ensure that advice is received from suitably informed practitioners					

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	and that, if advised, registered providers should inform their local health protection unit of any outbreaks or serious incidents relating to infection.					
5.2	Arrangements to prevent and control infection should demonstrate that responsibility for infection prevention and control is effectively devolved to all groups in the organisation involved in delivering care.					
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.					
6.1	A registered provider should, so far as is reasonably practicable, ensure that its staff, contractors and others involved in the provision of care co-operate with it, and with each other, so far as is necessary to enable the registered provider to meet its obligations under the Code.					
6.2	Infection prevention and control would need to be included in the job descriptions and be included in the induction programme and staff updates of all employees (including volunteers). Contractors working in service user areas would need to be aware of any issues with regard to infection prevention and control and obtain 'permission to work'. Confidentiality must be maintained.					
6.3	Where staff undertake procedures, which require skills such as aseptic technique, staff must be trained and demonstrate proficiency before being allowed to undertake these procedures independently.					
7	Provide or secure adequate isolation facilities.					
7.1	N/A					
7.2	N/A					
7.3	Registered providers of accommodation should ensure that they are able to provide or secure facilities to physically separate the service user from other residents in an appropriate manner in order to minimise the spread of infection.					

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
7.4	Care homes are not expected to have dedicated isolation facilities for service users but are expected to implement isolation precautions when a service user is suspected or known to have a transmissible infection.					
8	Secure adequate access to laboratory support as appropriate – not applicable.					
9	Have and adhere to policies, designed for the individual’s care and provider organisations, that will help to prevent and control infections.					
9.1	A registered provider should, in relation to preventing, reducing and controlling the risks of infections, have in place the appropriate policies concerning the matters mentioned in a to y below. All policies should be clearly marked with a review date.					
9.2	A decision should be made locally following a risk assessment as to which policies may be appropriate to the regulated activities (see table 3 for guidance in The Health and Social Care Act Code of Practice).					
9.3	Any registered provider should have policies in place relevant to the regulated activity it provides. Each policy should indicate ownership (i.e. who commissioned and retains managerial responsibility), authorship and by whom the policy will be applied. Implementation of policies should be monitored and there should be evidence of a rolling programme of audit and a date for revision stated.					
a	<p><i>Standard infection prevention and control precautions</i></p> <ul style="list-style-type: none"> • Policy should be based on evidence-based guidelines, including those on hand hygiene at the point of care and the use of personal protective equipment. • Policy should be easily accessible and be understood by all groups of staff, service users and the public. • Compliance with the policy should be audited. 					

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b	<p><i>Aseptic technique</i></p> <p>Where aseptic procedures are performed:</p> <ul style="list-style-type: none"> • clinical procedures should be carried out in a manner that maintains and promotes the principles of asepsis; • education, training and assessment in the aseptic technique should be provided to all persons undertaking such procedures; • the technique should be standardised across the organisation; and an audit should be undertaken to monitor compliance with the technique. 					
c	<p><i>Outbreaks of communicable infection</i></p> <ul style="list-style-type: none"> • The degree of detail in the policy should reflect local circumstances. A low risk, single-specialty facility or provider of primary care will not require the same arrangements as those providing the full range of medical and surgical care. • Professional advice on infection prevention and control for regulated activities may be drawn from a number of expert sources. (Table 2 in The Health and Social Care Act Code of Practice, outlines the most likely arrangements for the different regulated activities). • Policies for outbreaks of communicable infection should include initial assessment, communication, management and organisation, plus investigation and control. • The contact details of those likely to be involved in outbreak management should be reviewed at least annually. • All registered providers should report significant outbreaks of infection to their local health protection unit, including outbreaks in service users who are detained under the Mental Health Act 1983, if advised to do so by suitably informed practitioners. 					

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d	<p><i>Isolation of service users with an infection (see also criterion 7)</i></p> <ul style="list-style-type: none"> • The isolation policy should be evidence based and reflect local risk assessment. • Indications for isolation should be included in the policy, as should procedures for the infection prevention and control management of service users in isolation. • Information on isolation should be easily accessible and understood by all groups of staff, service users and the public. 					
e	<p><i>Safe handling and disposal of sharps</i></p> <p>Relevant considerations include:</p> <ul style="list-style-type: none"> • risk management and training in the management of mucous membrane exposure and sharps injuries and incidents; • provision of medical devices that incorporate sharps protection mechanisms where there are clear indications that they will provide safe systems of working for staff; • a policy that is easily accessible and understood by all groups of staff; • safe use, secure storage and disposal of sharps; and • auditing of policy compliance. 					
f	<p><i>Prevention of occupational exposure to blood-borne viruses (BBVs), including prevention of sharps injuries</i></p> <ul style="list-style-type: none"> • Measures to avoid exposure to BBVs (hepatitis B and C and HIV) should include: immunisation against hepatitis B, as set out in <i>Immunisation against infectious disease</i>, better known as 'The Green Book' (published by the 					

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
	<p>Department of Health);</p> <ul style="list-style-type: none"> • the wearing of gloves and other protective clothing; • the safe handling and disposal of sharps, including the provision of medical devices that incorporate sharps protection where there are clear indications that they will provide safe systems of working for staff; 					
<p>g</p> <p>Refer to outcome 12, Reg 21, CQC guidance</p>	<p><i>Management of occupational exposure to BBVs and post-exposure prophylaxis</i></p> <p>Management should ensure:</p> <ul style="list-style-type: none"> • that any member of staff who has a significant occupational exposure to blood or body fluids is aware of the immediate action required and is referred appropriately for further management and follow-up; • provision of clear information for staff about reporting potential occupational exposure – in particular the need for prompt action following a known or potential exposure to HIV or hepatitis B; and • arrangements for post-exposure prophylaxis for hepatitis B and HIV. 					
<p>h</p>	<p><i>Closure of rooms, wards, departments and premises to new admissions</i></p> <ul style="list-style-type: none"> • A system should be in place for the provision of advice from the local health protection unit/ICT for the registered provider. • There should be clear criteria in relation to closures and re-opening. • The policy should address the need for environmental 					

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
	decontamination prior to re-opening.					
i	<p>Disinfection</p> <p>The use of disinfectants is a local decision, and should be based on current accepted good practice.</p>					
j	<p>Decontamination of reusable medical devices</p> <p>Refer to outcome 11, Reg 16, CQC guidance</p> <ul style="list-style-type: none"> • In most cases in care homes, the decontamination of medical devices would include the cleaning of equipment used as aids to daily living such as hoists and wheelchairs. • Effective decontamination of reusable medical devices is an essential part of infection risk control and is of special importance when the device comes into contact with service users or their body fluids. • Reusable medical devices should be decontaminated in accordance with manufacturers' instructions and current national or local best practice guidance. This must ensure that the device complies with the 'Essential Requirements' provided in the Medical Devices Regulations 2002 where applicable. This requires that the device should be clean and, where appropriate, sterilised at the end of the decontamination process and maintained in a clinically satisfactory condition up to the point of use. • Management systems should ensure adequate supplies of reusable medical devices, particularly where specific devices are essential to the continuity of care. • Decontamination of single-patient use devices, i.e. that equipment designated for use only by one patient, should be subject to local policy and manufacturers instructions. 					
k	Single-use medical devices					

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
	Policies should be in place for handling devices designed for single use only. Single-use medical devices should be used once and disposed of safely.					
I	N/A (N.B. Antibiotic guidance available for reference)					
m	N/A					
n	<p><i>Control of outbreaks and infections associated with specific alert organisms</i></p> <p>This should take account of local epidemiology and risk assessment. These infections must include, as a minimum, MRSA, respiratory infection, diarrhoeal outbreaks, <i>Clostridium difficile</i> infection.</p> <p><u>MRSA</u> The policy should make provision for:</p> <ul style="list-style-type: none"> • suppression regimens for colonised patients when appropriate; • isolation of infected or colonised patients; • transfer of infected or colonised patients within organisations or to other care facilities; • undertaking a root cause analysis on patients with a MRSA bacteraemia. <p><u>Clostridium difficile</u> The policy should make provision for:</p> <ul style="list-style-type: none"> • diagnostic criteria; • isolation of infected service users and cohort nursing; • antibiotic prescribing policies; and • contraindication of anti-motility agents. <p><i>Relevant policies for other specific alert organisms</i></p> <p>The specific alert organisms that follow may be relevant to any unit admitting, or treating as out-patients.</p>					

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
	<p><u>Respiratory viruses:</u></p> <ul style="list-style-type: none"> • alert system for suspected cases; • isolation criteria; and • infection prevention and control measures. <p><u>Diarrhoeal infections:</u></p> <ul style="list-style-type: none"> • isolation criteria; • infection prevention and control measures; and • cleaning and disinfection policy. 					
o	N/A					
p	<p>Safe handling and disposal of waste</p> <p>The risks from waste disposal should be properly controlled. In practice, in relation to waste, this involves:</p> <ul style="list-style-type: none"> • assessing risk; • developing appropriate policies; • putting arrangements in place to manage risks; • monitoring, auditing and reviewing the way in which arrangements work; and • being aware of statutory requirements and; legislative change and managing compliance. <p>Precautions in connection with handling waste should include:</p> <ul style="list-style-type: none"> • training and information (including definition and classification of waste); 					

Refer to outcome 10, Reg 15, CQC guidance

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
	<ul style="list-style-type: none"> • personal hygiene; • segregation and storage of waste; • the use of appropriate personal protective equipment; • immunisation; • appropriate procedures for handling such waste; • appropriate packaging and labelling; • suitable transport on-site and off-site; • clear procedures for dealing with accidents, incidents and spillages; and • appropriate treatment and disposal of such waste. <p>Systems should be in place to ensure that the risks to service users from exposure to infections caused by waste present in the environment are properly managed, and that duties under environmental law are discharged. The most important of these are:</p> <ul style="list-style-type: none"> • duty of care in the management of waste; • duty to control polluting emissions to the air; • duty to control discharges to sewers; • obligations of waste managers; • collection of data and obligations to complete and retain documentation including record keeping; and • requirement to provide contingency plans and have emergency procedures in place. 					
q	<p><i>Packaging, handling and delivery of laboratory specimens</i></p> <p>Biological samples, cultures and other materials should be transported in a manner that ensures that they do not leak in transit and are compliant with current legislation. Staff who handle</p>					

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	<p>samples must be aware of the need to correctly identify, label and store samples prior to forwarding to laboratories. In addition, they must be aware of the procedures needed when the container or packaging becomes soiled with body fluids.</p>					
r	<p><i>Care of deceased persons</i></p> <p>Appropriate procedures should include:</p> <ul style="list-style-type: none"> • risk assessment of potential hazards; • the provision of appropriate facilities and accommodation; • safe working practices; • arrangements for visitors; • information, instruction, training and supervision; and • health surveillance and immunisation (where appropriate). 					
s	<p><i>Use and care of invasive devices</i></p> <p>Policy should be based on evidence-based guidelines and should be easily accessible by all relevant care workers. Compliance with policy should be audited. Information on policy should be included in infection prevention and control training programmes for all relevant staff groups.</p>					
t	<p><i>Purchase, cleaning, decontamination, maintenance and disposal of equipment</i></p> <p>Policies for the purchase, cleaning, decontamination, maintenance and disposal of all equipment should take into account infection prevention and control advice that is given by relevant experts or advisory bodies or by the ICT.</p>					
u	N/A					

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
v Refer to outcome 6, Reg 24, CQC guidance	<p><i>Dissemination of information</i></p> <p>There should be a local protocol for the dissemination of information about infections between care organisations concerning an individual service user. This is to facilitate surveillance and optimal management of infections in the wider community. Guidance on data protection legislation also needs to be observed.</p>					
w	<p><i>Isolation facilities</i></p> <p>There should be a policy concerning the appropriate provision of isolation facilities. This should address:</p> <ul style="list-style-type: none"> • potential sources of infection; • the use of protective measures and equipment; and • the management of outbreaks. 					
x	<p><i>Uniform and dress code</i></p> <p>Uniform and workwear policies ensure that clothing worn by staff when carrying out their duties is clean and fit for purpose. Particular consideration should be given to items of attire that may inadvertently come into contact with the person being cared for. Uniform and dress code policies should specifically support good hand hygiene.</p>					
y	<p><i>Immunisation of service users</i></p> <p>Registered providers should ensure that policies and procedures are in place with regard to the immunisation status of service users such that:</p> <ul style="list-style-type: none"> • there is a record of all immunisations given; • the immunisation status and eligibility for immunisation of 					

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	<p>service users are regularly reviewed in line with <i>Immunisation against infectious disease</i> ('The Green Book') and other Department of Health guidance; and</p> <ul style="list-style-type: none"> • following a review of the record of immunisations, all service users are offered further immunisation as needed, according to the national schedule. 					
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.					
10.1	<p>Registered providers should ensure that policies and procedures are in place in relation to the prevention and control of infection such that:</p> <ul style="list-style-type: none"> • all staff can access occupational health services or access appropriate occupational health advice; • occupational health policies on the prevention and management of communicable infections in care workers are in place; • decisions on offering immunisation should be made on the basis of a local risk assessment as described in <i>Immunisation against infectious disease</i> ('The Green Book'). Employers should make vaccines available free of charge to employees if a risk assessment indicates that it is needed (COSHH Regulations 2002); • there is a record of relevant immunisations; • the principles and practice of prevention and control of infection are included in induction and training programmes 					

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	<p>for new staff. The principles include: ensuring that policies are up to date; feedback from audit results; examples of good practice; and action needed to correct poor practice;</p> <ul style="list-style-type: none"> • there is appropriate ongoing education for existing staff (including support staff, volunteers, agency staff and staff employed by contractors), which should incorporate the principles and practice of prevention and control of infection. • there is a record of training and updates for all staff; and • the responsibilities of each member of staff for the prevention and control of infection are reflected in their job description and in any personal development plan or appraisal. 					
10.2	<p><i>Occupational health services</i></p> <p>Occupational health services for staff should include:</p> <ul style="list-style-type: none"> • risk-based screening for communicable diseases and assessment of immunity to infection after a conditional offer of employment and ongoing health surveillance; • offer of relevant immunisations; and • having arrangements in place for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with <i>Immunisation against infectious disease</i> ('The Green Book') and other Department of Health guidance. 					

No	Criteria	Evidence	RAG rating	Key Actions	Lead (Including Role)	Time Scales
10.3 Refer to outcome 12, Reg 21, CQC guidance	<p>Occupational health services in respect of BBVs should include:</p> <ul style="list-style-type: none"> • having arrangements for identifying and managing healthcare staff infected with hepatitis B or C or HIV and advising about fitness for work and monitoring as necessary, in line with Department of Health guidance; • liaising with the <i>UK Advisory Panel for Healthcare Workers Infected with Blood-borne Viruses</i> when advice is needed on procedures that may be carried out by BBV-infected care workers, or when advice on patient tracing, notification and offer of BBV testing may be needed; • a risk assessment and appropriate referral after accidental occupational exposure to blood and body fluids; and • management of occupational exposure to infection, which may include provision for emergency and out-of-hours treatment, possibly in conjunction with accident and emergency services and on-call infection prevention and control specialists. This should include a specific risk assessment following an exposure prone procedure. 					

Compliance criterion	What the registered provider will need to demonstrate	RAG Rating	If RED or AMBER action plan agreed
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.		
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.		
3	Provide suitable accurate information on infections to service users and their visitors.		
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.		
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.		
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.		
7	Provide or secure adequate isolation facilities.		
8	Secure adequate access to laboratory support as appropriate.	N/A	
9	Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections.		
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.		